



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Installation's EPA ID Number												Approved			Date Received (yr. mo. day)			08/1 Queens			
C	N	Y	D	9	8	1	5	5	5	4	9	3	T/A	C							
F														1							

T	V	S	C	A	N	D	A	I	R	Y	F	A	R	M	S
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Street or P.O. Box

[illegible]

City or Town															State	ZIP Code				
C															NY	1	1	3	7	7

Street or Route Number

[illegible]

	City or Town																State	ZIP Code					
C A	W	O	O	D	S	I	D	E									N	Y	1	1	3	7	7

Name and Title (last, first, and job title)

CONT. PAULS R. FLTSU PV 718 899 8208

A. Name of Installation's Legal Owner.

[illegible]**VI. Type of Regulated Waste Activity** (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

- ☐ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel
(enter "X" and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (for On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number

[illegible]

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

[illegible]

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

[illegible][illegible]

☒ 1. Ignitable
(D001) ☐ 2. Corrosive
(D002) ☐ 3. Reactive
(D003) ☒ 4. Toxic
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date Signed _____

Signature Paul J. Lenth

PAUL J. CONTI SR. FLEET SUPV.

8-14-86

1986 AUG 27 AM 11: 59

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
NEW YORK, N.Y.



RCRIS NOTIFICATION DATA DISCREPANCY FORM

Information from RCRIS

Facility Name: TUSCAN DAIRY FARMS
Facility EPA ID Number: NYD 984 555493
Facility Address: _____
City: _____ St: _____ Zip: _____
Mailing Address: _____
City: _____ St: _____ Zip: _____
Facility Contact: _____ Phone: _____
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LOG/SQG) _____
Other: NO LONGER EXISTS

New Information (make change to "E" record only)

Facility Name: CEREBRAL PALSY TRANSPORT INC.
Facility EPA ID Number: _____
Facility Address: _____
City: _____ St: _____ Zip: _____
Mailing Address: _____
City: _____ St: _____ Zip: _____
Facility Contact: PAUL LITWAK, Director Phone: 718-205-0906
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LOG/SQG) _____
Other: _____

In response to this request, please modify RCRIS Handler Notification Data for the following:
General Generator Information:
Add/Change Generator Status Codes:

<input checked="" type="checkbox"/>	Facility Name
<input type="checkbox"/>	Facility Address
<input checked="" type="checkbox"/>	Facility Contact
<input type="checkbox"/>	SIC Code(s)
<input type="checkbox"/>	Other

<input type="checkbox"/>	EPA ID Number
<input type="checkbox"/>	Mailing Address
<input type="checkbox"/>	Phone
<input type="checkbox"/>	Waste Code(s)

C	#
<input type="checkbox"/>	1 conditionally exempt Small Quantity Generator
<input type="checkbox"/>	2 Definitionally Excluded Wastes
<input type="checkbox"/>	3 Deleted Wastes
<input type="checkbox"/>	4 One-time Hazardous Waste Generator
<input type="checkbox"/>	5 Periodic Hazardous Waste Generator

C	#
<input type="checkbox"/>	6 No longer Generates HW; Still in Business
<input type="checkbox"/>	7 No longer Generates HW; Out of Business
<input type="checkbox"/>	8 Never Generated Hazardous Waste
<input type="checkbox"/>	9 ID Number to Transport Non-Hazardous Waste
<input type="checkbox"/>	10 Regulated Under Another ID Number(s) (list below)

Joel Golumbek, Chief, NJCS

Date

U.S. EPA
AGENCY RO II

98 OCT -9 PM 4:47

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH